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INTRODUCTION

HealthLINK@Hopkins is a secure, online web portal for members of Johns Hopkins Employer Health Programs, Priority Partners MCO, Johns Hopkins US Family Health Program, Johns Hopkins Advantage MD and their in-network providers.

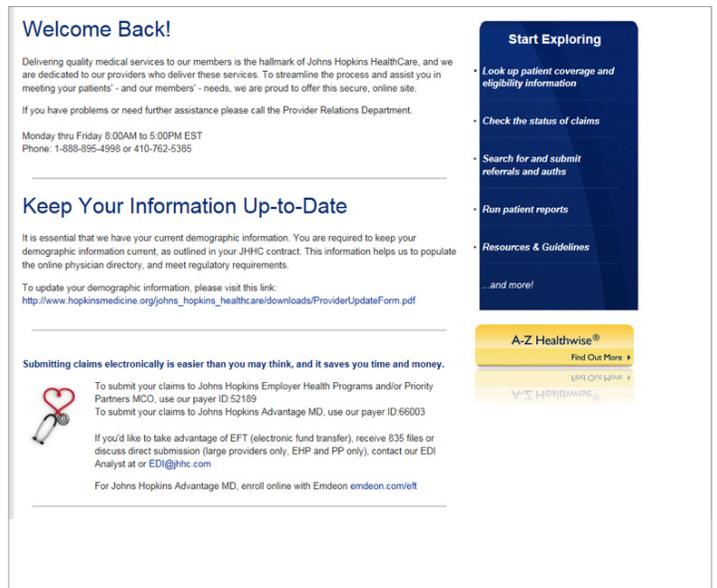
Providers can check patient eligibility and claims, submit and check the status of referrals and authorizations, run reports, send secure messages, receive monthly reports and more.

*To register for an account, go to www.jhhc.com, and choose the portal login for EHP/Priority Partners/Advantage MD or USFHP patients. On the right under **New User Registration**, click on **Provider**, and select **Johns Hopkins HealthCare LLC** as the health plan. Fill out the user information, then search by tax ID and submit. Once we receive the information, we will send an email confirming the account.

Designated account administrators are encouraged to create accounts for their employees through the portal, which saves time and allows for self-management. Contact your network manager for assistance.



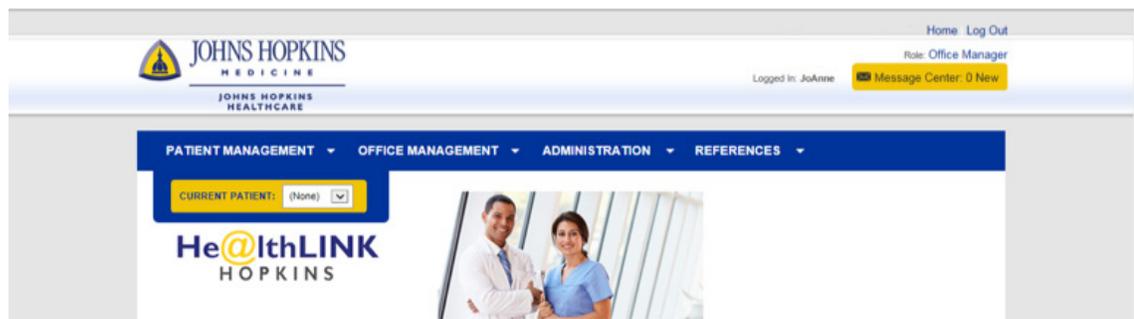
The screenshot shows the top navigation bar with 'Home' and 'Log Out' links. The user is logged in as 'JoAnne' with the role of 'Office Manager'. Below the navigation bar is a banner for 'He@lthLINK HOPKINS' featuring a photo of two healthcare professionals. An 'Important Notice for Providers' is displayed, mentioning a transition to a new system called Document Manager. The main content area includes a 'Welcome Back!' message, a 'Keep Your Information Up-to-Date' section, and a 'Start Exploring' sidebar with links to 'Look up patient coverage and eligibility information', 'Check the status of claims', 'Search for and submit referrals and auths', 'Run patient reports', and 'Resources & Guidelines'.



This section provides a detailed view of the 'Welcome Back!' and 'Start Exploring' areas. The 'Welcome Back!' section includes a message about the quality of services and a link to the Provider Relations Department. It also lists office hours: Monday thru Friday 8:00AM to 5:00PM EST, and a phone number: 1-888-895-4998 or 410-762-6385. The 'Keep Your Information Up-to-Date' section explains the importance of current demographic information and provides a link to update it. The 'Start Exploring' sidebar is highlighted, showing the same list of navigation options as in the previous screenshot.

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PATIENT MANAGEMENT

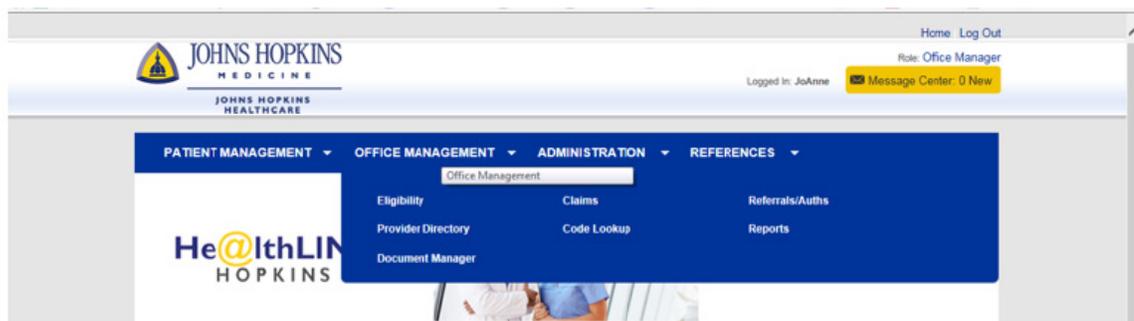


Current Patient List

The **Current Patient List** allows for easy access to the last 50 patient profiles that were recently viewed.

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OFFICE MANAGEMENT



Eligibility

To check patient eligibility, enter the last name, first name, member ID or Medicaid number, and date of birth. Age and gender are optional fields. When the results are shown, click on the patient's name to see the details. If the effective dates are in red, then the patient is not a current member. If the patient has chosen a PCP, it will show the PCP name. The **View History** option shows all of the past time frames when the patient was eligible. After patient information has been searched, the information will be accessible in the **Current Patient** area for easy access.

(In the USFHP portal, you must include the asterisk (*) in the member ID if it starts with a U. For example, enter U1234567*01).

Claims

Claims can be searched by claim number, patient name or provider. When searching by claim number, the start and end dates do not need to be modified.

When a claim is denied, it will appear in red text. To view the details, click on the claim number. Click on **View EOP**, found to the left of the claim number, to see the Explanation of Benefits (EOB) and Explanation of Payments (EOP) for that pay period. (This is currently unavailable in the USFHP portal.)

Remittance Advice

Search for a remittance by provider, patient, patient account number, check number, claim number or date.

To look up a check, enter the check date range or check number. Select the record to view the entire EOP information.

Add Claims

Click the **Add Claim** tab. In **Patient Search**, enter either the patient's last name or member ID. Select the patient. All boxes denoted with a blue dot need to be completed. Fields with search buttons allow a search in the system for rendering and billing providers, referrals, authorizations and diagnosis codes. Once the required information is entered, click **Add Services** to add the procedures that were completed.

Add Services

Click on **Add Services** at the bottom of the form. Select the appropriate procedure code(s). Up to four modifiers can be selected for each procedure code. After filling in all of the fields, check the box next to the diagnosis code that applies to the procedure code and click **Add**. More than one procedure may be added. Once completed, click **Submit**.

Referrals/Auths

To create a referral, select the **Specialist** tab.

Search for the patient. Select the correct patient and complete all required fields denoted by a blue dot. Click **Submit** when completed.

To search for a referral, select the **Status** tab.

Enter the date range and one of following: member ID, patient's last name, the requesting provider, or servicing provider. Enter a broad date range is used to ensure better results. There are other choices that can be used to narrow the results further.

Provider Directory

The **Provider Directory** is a more detailed provider search than the one located outside of HealthLINK on the JHHC website.

Code Lookup

Select the option button that corresponds to the type of code you are looking for. You may use a partial code or description to search.

Reports

Run reports of patients within a particular practice, or providers by specialty, hospital affiliations and more. Member rosters can be run by individual PCP or practice.

To run a roster, choose either by **PCP** or **Practice**. In the provider dropdown, choose the appropriate provider or practice and select **Continue**. Choose the file type that you would like the roster to be created in (PDF or CSV) and click **Submit**. It will take at least 30 minutes to get the results. The results will appear in the **Document Manager**. The **Provider Report** gives information about the individual providers, including NPI numbers and tax IDs.

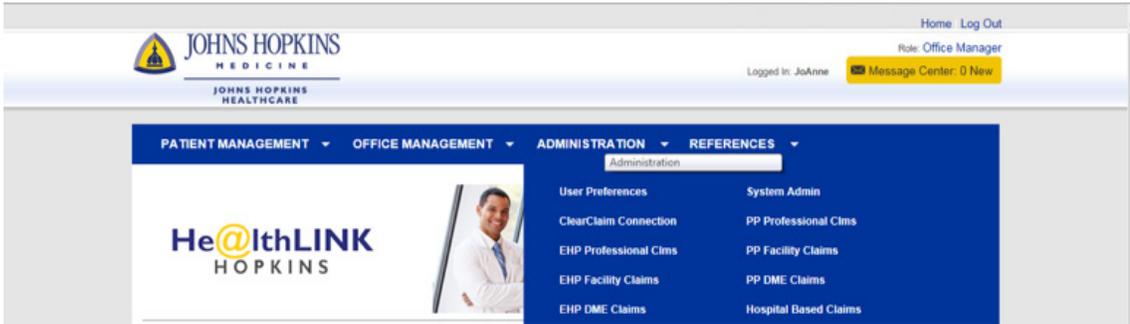
Document Manager

The **Document Manager** recently replaced the File Transfer Agent (FTA). Use the **Document Manager** to access the reports that were manually run and the monthly reports sent from JHHC (for certain types of providers). You must have an **Office Manager** or **Provider** role to access these reports.

The **Document Manager** has search capabilities. For example, if you receive HEDIS reports, you can put "HEDIS" in the document name search and see all the documents with that title. There are two view options: **Snapshot View** (which is shown each time the **Document Manager** is opened) and the **Table View**. To change the view, click on one of the boxes to the far right, above the reports. To download the report, click the download icon. There are more detailed instructions about the **Document Manager** at www.jhhc.com.

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ADMINISTRATION



User Preferences

User Information allows a user to change their contact information, address, phone numbers and email.

Change Password

Change Password allows a user to change their HealthLINK@Hopkins password. You will also need to answer the security questions.

System Admin

System Admin gives providers and office managers the ability to add new users to their account. Setting up and managing accounts is quick and easy using System Admin. Enter the user information, choose the user's role, and click Submit. You will receive a temporary password for the user. Once processed, the new user will receive a confirmation email with their username.

Roles defined:

3rd Party Biller: Authorizations, Claims (view & submit), Clear Claim Connection, Code Lookup, Eligibility

Front Desk: Authorizations, Eligibility, Code Lookup, Referrals (view & submit)

Office Staff: Authorizations, Claims (view & submit), Clear Claim Connection, Code Lookup, Eligibility, Referrals (view & submit), Secure Messaging

Office Manager: Authorizations, Claims (view & submit), Clear Claim Connection, Code Lookup, Document Manager, Eligibility, Referrals (view & submit), Secure Messaging

Provider: Authorizations, Claims (view & submit), Clear Claim Connection, Code Lookup, Document Manager, Eligibility, PHR View, Referrals (view & submit), Secure Messaging

Note: The provider admin can assign any role to a user except the Administrator of the account. If you need to change the Administrator or add an Administrator, please contact the Provider Relations Department.

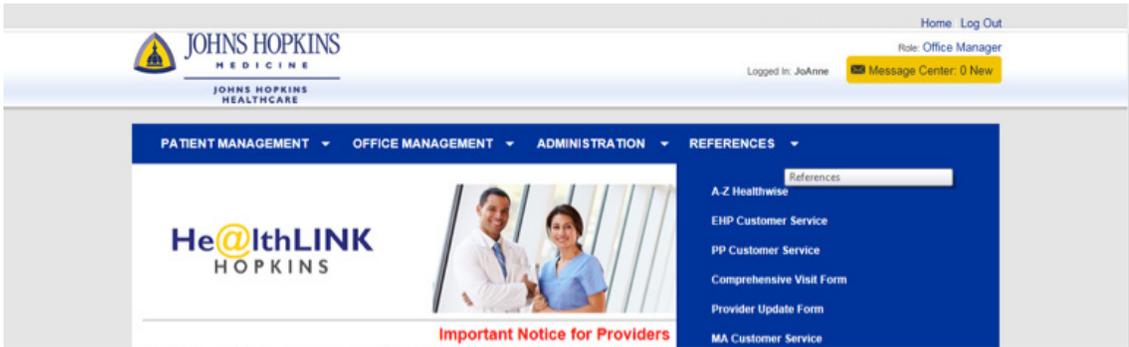
Clear Claim Connection

Clear Claim is an auditing reference tool designed to mirror how code auditing products evaluate code combinations. Information such as codes can be viewed prior to submitting a claim within HealthLINK@Hopkins. There are different types of claim choices that you can select (Professional Claims, Facility Claims, DME Claims, etc.)

Note: A user must agree to terms and conditions each time prior to viewing the information.

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REFERENCES



Customer Service

Customer Service phone numbers are provided for your convenience.

Provider Update Form

The **Provider Update Form** is a printable form for providers to use when they need to make changes to their practice information. Once printed and completed, it will need to be faxed to Provider Relations at 410-424-4604.

Comprehensive Visit Form

The **Comprehensive Visit Form** is available for Advantage MD providers to download. Once completed, it should be faxed to 1-844-303-1716.

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MESSAGE CENTER

The **Message Center** allows the provider to send and receive secure messages. The messages can be sent to other providers who have HealthLINK, the JHHC Customer Service Department, and the JHHC Provider Relations Department. It is located on the top right corner of the HealthLINK page. To choose the recipient, click on **Add Recipients** and choose either **Department** or **Provider**. Type the message and click **Send**. When you receive a message, a notification appears that shows the number of unread messages in your inbox.

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PERSONAL HEALTH RECORD (PHR)

Patients may grant their provider(s) permission to view some or all of their PHR. This will include information entered by them, as well as their plan. This includes, but is not limited to, past medical appointments, conditions, medications (allows a provider to view and enter medications for a patient), allergies, and family history. This permission can be revoked at any time by the member.

Note: When patients grant permission to a provider, all of the providers within the practice will have access to this information. To grant a provider access, the patient will need to go through the member portal.

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HELPFUL TIPS

Less information is better when searching in HealthLINK. Use the least amount of information that is allowable to get better results.

Enter the member ID format exactly as it appears on the ID card. If the member ID starts with a U, include the asterisk (*). For example, U1234567*01

The recommended version of Internet Explorer (IE) is IE11. HealthLINK will still work with older IE versions and other browsers.

Please do not share accounts. You may create as many accounts as you need. Billers should register under their own name and not the provider's name.

If you forget your password, click on **Forgot Password**. An email with a password reset link will be sent to the email associated with the username. If your email address has changed, or if you don't receive the email, please call **1-877-814-9909** to have the password reset. If you do not answer the security questions correctly, JHHC will be notified to verify your membership. Once verified, you will be contacted to reset your password. The Provider Relations Department cannot reset passwords.

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QUESTIONS?

For unanswered questions, please contact Provider Relations at **888-895-4998**. After hours, questions can be left via voice mail or the HealthLINK Message Center. These questions will be answered the next business day.